

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 12/10/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 12/12/2006							
		FINANCIAL PAYER: WCDMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	BOSS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH					
		0	0		0	1	6	5	
3404904	WESTERN HIGHLAN DS LME	3413	87	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D					
		8536	11	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	119	2594	2475	
		8534	8	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F					
3404910	PATHWAYS	8933	62	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
		11	47	CLIENT NOT ELIGIBLE ON SERVICE DATE	89	208	780	572	
		8536	46	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR					
3404912	CATAWBA COUNTVM ENTAL HEALT	8935	7	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	7	16	479	463	
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME					
3404913	MECKLENSBURG COM ENTAL HEALT	8518	49	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
		143	46	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	114	114	0	
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME					
3404916	CROSSROADS BEHA VIORAL HEAL	21	13	DUPLICATE OF CLAIM-SYSTEM					
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	23	480	457	
		8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F					
3404917	CENTERPOINT HUM AN SERVICES	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8935	35	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	207	6253	6046	
		21	27	DUPLICATE OF CLAIM-SYSTEM					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	23	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	13	195	3778	3583
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1712	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	143	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1958	2718	760
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	1352	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		670	124	OTHER DIAGNOSIS CODE 4 IS INVA LID	0	1800	4468	2668
		27	99	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENT ER	21	367	DUPLICATE OF CLAIM-SYSTEM				
		191	79	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	7	534	2425	1891
		8622	36	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404923	FIVE COUNTY MH	8536	134	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	243	2487	2244
		3411	19	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE R FOR MH/DD	8532	328	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		21	66	DUPLICATE OF CLAIM-SYSTEM	13	652	8350	7698
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	1	92	2428	2336
		191	14	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404927	CUMBERLAND CO M HC	8518	21	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	71	1013	942
		5404	12	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8952	1	CLAIM DENIED DUE TO AGE RESTRICTIONS FOR TARGET POPULATION				
		0	0		0	1	24	23
3404931	WAKE CO HUM SVC BILLING OF	8599	43	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	2	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	49	68	19
		191	2	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	148	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		120	111	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	380	2955	2575
		8599	89	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8534	602	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	240	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1508	2103	595
		11	171	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		0	0		0	15	2514	2499
3404937	EDGEcombe NASH MNTL HLTH C	8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	7	DUPLICATE OF CLAIM-SYSTEM	0	23	483	460
		8952	1	CLAIM DENIED DUE TO AGE RESTRICTIONS FOR TARGET POPULATION				
3404939	NEUSE MENTAL HE ALTH CENTER	8518	8	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8532	6	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	19	810	791
		8537	3	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404941	PITT CO MH/DD/S AS CENTER	8518	2420	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	963	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	4106	5595	1489
		120	240	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	2	DUPLICATE OF CLAIM-SYSTEM				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	5	41	36
		3411	1	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	39	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		3411	14	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	3	87	1103	1016
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8534	63	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	91	645	554
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	138	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	128	DUPLICATE OF CLAIM-SYSTEM	4	529	4547	4018
		143	98	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	12	43	333	290
		8518	5	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404979	NEW RIVER AREAM H/DD/SA PRO	8518	388	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	123	DUPLICATE OF CLAIM-SYSTEM	0	547	2576	2029
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				